

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 JUL 15 PM 4:08

Office Use Only

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF SENATOR BOB SMITH

ADDRESS (number and street)

PO BOX 21

Check if different  
than previously  
reported. (ACC)

MERRIMACK

NH

03054

2. FEC IDENTIFICATION NUMBER ▼

C

C00552968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015

through

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

Date

07 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)